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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	11858	
Facility Name:	Methodist	Hospital of Southern California
Address:	300 W. Hu	intington Dr.
City:	Arcadia	
Hospital Owner/Lice		METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
Year of Rep	orting:	2010
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	j
Submission	Date:	1/13/2011 1:36:43 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Hospital	300 W. Huntington Dr.	Replace	SPC5	01/01/2013	12/31/2012
02	East Wing	300 W. Huntington Dr.	Replace	SPC5	01/01/2013	12/31/2012
03	Utility Building/Central Plant	300 W. Huntington Dr.	Retrofit	SPC5	01/01/2013	12/31/2012
05	West Wing	300 W. Huntington Dr.	Replace	SPC5	01/01/2013	12/31/2012
06	Main-North End	300 W. Huntington Dr.	Replace	SPC5	01/01/2013	12/31/2012
07	Pavilion East & West	300 W. Huntington Dr.	Retrofit	SPC2	01/01/2013	12/31/2012

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 01	Main Hospital	Retrofit/Replacement Yes-Planned Project:	
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status C	CEQA Review
11858 HL041134	0	10/19/2004 09/06/2007 08/08/2008 12/31/2012 OPEN	No
Building No: 02	East Wing	Retrofit/Replacement Yes-Planned Project:	
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status C in Date Date R	CEQA Review
11858 HL041134	0	10/19/2004 09/06/2007 08/08/2008 12/31/2012 OPEN	No
Building No: 03	Utility Building/Central Plant	Retrofit/Replacement Yes-Submitted Project:	
Building No: 03 Facility Project Sub Number Number Num	Utility Building/Central Plant Scope	Project: Date Plan Approved Proj. Start Proj. Completed Status C	DEQA Review
Facility Project Sub		Project: Date Plan Approved Proj. Start Proj. Completed Status C	
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status C in Date Date Date R	<u>Review</u>
Facility Project Sub Number Number Num 11858 HL051062	Scope 0 CENTRAL PLANT UPGRADE	Project: Date Plan Approved Proj. Start Proj. Completed Status Completed Proj. Start Proj. Completed Proj. Status Completed Proj. Start Proj. Completed Proj. Start Proj. Completed Status Completed Proj. Start Proj. Completed Status Completed S	Yes

11858 Methodist Hospital of Southern California Report Year: 2010 Arcadia Page:4 of 45 Main-North End Building No: 06 Retrofit/Replacement Yes-Planned Project: Facility Project Sub Number Number Num Date Plan Approved Proj. Start Proj. Completed in Date Date Date Status CEQA Scope Review 11858 HL041134 OPEN No 0 10/19/2004 09/06/2007 08/08/2008 12/31/2012

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Buildi	ing Name: Main Hospital				
Type of Service Prov	Type of Service Provided					
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery		
		Total Beds this Building	Cesarean/Deliv	Central Plant		

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildi	ng Name: East Wing				
Type of Service Prov	Type of Service Provided					
X Nursing	Inpatient Beds	76 Inpatient 6104 Days	Surgical	Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby		
X Pediatric/Adol escent	Inpatient Beds	15 Inpatient Days 252	Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 91	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery		
		Building	Coda Garii Donv	Central Plant		

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildi	ing Name: Utility Building/Central Pla	nt	
Type of Service Prov	<u>/ided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this 0	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	2004.04.1,201.1	X Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 05	Buildir	ng Name: West Wing				
Type of Service Prov	Type of Service Provided					
X Nursing	Inpatient Beds	105 Inpatient 1496 Days	Surgical	Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery		
		Total Beds this Building	Cesarean/Deliv	Central Plant		

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 06	Buildi	ng Name: Main-North End				
Type of Service Prov	Type of Service Provided					
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery		
X IntensiveCare	Inpatient Beds	9 Inpatient Days 2993	Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery		
		Total Beds this Building	Cesarean/Deliv	Central Plant		

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 07	Buildi	ing Name: Pavilion East & West		
Type of Service Prov	<u>/ided</u>			
X Nursing	Inpatient Beds	24 Inpatient 4833 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
X Skilled Nursing	Inpatient Beds	26 Inpatient Days 4117	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building 50	Cesarean/Deliv	Central Plant

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Building Number:	01 E	Building Name: Mair	n Hospital		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	02	Building Name: Eas	t Wing		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 76 Bed	Inpatient 6104 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 15 Bed	Inpatient 252 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	91	91

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Building Number:	03	Building Name: Utilit	y Building/Central Plant		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	05	Building Name: W	est Wing				
Medical / Surgical	(Include GYN)	Acute Respirato	Acute Respiratory Care				
Inpatient 105 Bed	Inpatient 1496 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Care N Nursery	lewborn	Intermediate Card	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	105	105		

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Building Number:	06	Building Name:	Main-North End				
Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days		
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	Int. Care / development Disabled		
Inpatient 9 Bed	Inpatient 2993 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days		
Coronary Care		Chemical Dependency		Building Per	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	9	9		

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Building Number:	07	Building Name:	Pavilion East & West				
Medical / Surgical (Include GYN)	Acute Respira	atory Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 4 Bed	Inpatient 711 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse N	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 26 Bed	Inpatient 4117 Days		
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 20 Bed	Inpatient 2745 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	50	50		

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Hospital	
02	East Wing	
03	Utility Building/Central Plant	$\overline{\square}$
05	West Wing	$\overline{\square}$
06	Main-North End	$\overline{\square}$
07	Pavilion East & West	$\overline{\square}$
08	Hoefflin Wing	$\overline{\square}$
08A	Electrical Equipment Building	$\overline{\square}$
09	Surgical Wing	$\overline{\square}$
10	Patient Tower	

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For the building or buildings to be removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C) **Building Number:** Main Hospital 12/31/2012 **l**01 Removal Date: Planned Uses for the building to be removed from acute care service: **OSHPD** Planned use for building: Clinic Jurisdiction: Inpatient services currently delivered in the building: Rehabilitation Obstetrical Therapy Cesarean/Deliv Surgical Nursing IntensiveCare Anesthesia Obstetrical Renal Dialysis Clinical Lab Pediatric/Adol Recovery escent Radiological/ **Psychiatric** Outpatient Newborn/ **Imaging** Nursing Surgery WellBaby X Obstetrical Pharmaceutical Ante/Postprtum Central Plant Emergency Intermediate Х Dietetic Care Support Nuclear Х

Report Status: Data Last Update: 01/13/2011 Submission Date: 01/13/2011 1/14/2011 8:38 AM **Print Date:**

Medicine

Services

Administration

Skilled Nursing

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For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building N	Building Number: 02 East Wing							12/31/2012
Planned Uses for the building to be removed from acute care service: Planned use for building: Clinic Jurisdiction: OSHPD								
Inpatient services currently delivered in the building:								
X	Nursing		Surgical		Obstetrical Cesarean/Deliv			Rehabilitation Therapy
	IntensiveCare		Anesthesia					
X	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery			Renal Dialysis
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		·			Central Plant
	Intermediate Care		Dietetic		Emergency			
	Skilled Nursing		Administration		Nuclear Medicine		Ш	Support Services

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For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building I	Building Number: 05 West Wing							12/31/2012
Planned Uses for the building to be removed from acute care service: Planned use for building: Clinic Jurisdiction: OSHPD								
Inpatient services currently delivered in the building:								
X	Nursing		Surgical		Obstetrical Cesarean/Deliv			Rehabilitation Therapy
	IntensiveCare		Anesthesia					
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery			Renal Dialysis
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		·			Central Plant
	Intermediate Care		Dietetic		Emergency			
	Skilled Nursing		Administration		Nuclear Medicine			Support Services

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For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A)

The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B)

The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building I	Number: 06	Main-Nort	h End			Removal Date:		12/31/2012	
Planned	Planned Uses for the building to be removed from acute care service:								
Planned	use for building: Clin	nic		Jurisdiction:	OSHPD				
Inpatient services currently delivered in the building:									
	Nursing		Surgical	Ц	Obstetrical Cesarean/Deliv	,	Ш	Rehabilitation Therapy	
X	IntensiveCare		Anesthesia				_		
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Ш	Renal Dialysis	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		·		\Box	Occurred Plant	
	Intermediate Care		Dietetic		Emergency			Central Plant	
	Skilled Nursing		Administration		Nuclear Medicine		X	Support Services	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01 Buildin	ng Name: Main Hospital			
Type of Servic	e Provided	_			
		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	Anesthesia			
	IntensiveCare		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	Clinical Lab			Outpatient
_	escent	Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing	X Pharmaceutical	Emergency		Central Plant
	Obstetrical	[X] Thamassassas			
	Ante/Postprtum	X Dietetic	Nuclear Medicine	X	Support Services
	Intermediate				
	Care	X Administration			
	Skilled Nursing				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02	Building Name:	East Wing				
Type of Service	e Provided						
			Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
X	Nursing		Anesthesia				
	IntensiveCare	,			Obstetrical Recovery	Renal Dialysis	
X	Pediatric/Adol	, [Clinical Lab			Outpatient	
	escent		Radiological/ Imaging		Newborn/ WellBaby	Surgery	
	Psychiatric Nursing		Pharmaceutic	nal 🗆	Emergency	Central Plant	
	Obstetrical		Thannacedite		_morgoney	Centrar Flant	
	Ante/Postprtu	m	Dietetic		Nuclear Medicine	Support Services	
	Intermediate		_				
	Care		Administration	n			
П	Skilled Nursin	g					

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03	Building Name:	Utility Building/Cent	tral Plant		
Type of Service	e Provided		_	_		
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia	_		
	IntensiveCare	·		Obstetrical Recovery	Ш	Renal Dialysis
	Pediatric/Ado	ı	Clinical Lab	Newborn/		Outpatient Surgery
	Davahiatria		Radiological/ Imaging	WellBaby		Cu. go.,
	Psychiatric Nursing		Pharmaceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtu	ım		Nuclear		Support
	i iiio,ii coipita		Dietetic	Medicine		Services
	Intermediate Care		Administration			
	Skilled Nursin	ig I				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	05	Building Name:	West Wing		
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	Nursing		Anesthesia		
	IntensiveCare		_	Obstetrical Recovery	Renal Dialysis
	Pediatric/Adolescent	.	Clinical Lab		Outpatient
			Radiological/ Imaging	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m		Nuclear	Support
	, and a coupled	E	Dietetic	Medicine	Services
	Intermediate Care		Administration		
	Skilled Nursin	g	Auministration		

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	06	Building Name:	Main-North End			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
X	IntensiveCare			Obstetrical Recovery		Renal Dialysis
П	Pediatric/Adolescent	. [Clinical Lab			Outpatient
			Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical		_	Nuclear	X	Support
	Ante/Postprtu	m [Dietetic	Medicine		Services
	Intermediate Care		_			
	Jaie		Administration			
	Skilled Nursin	ıg				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	07	Building Name:	Pavilion East & West			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing		Anesthesia			
	IntensiveCare	÷	Ariestriesia	Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado escent	, [Clinical Lab			Outpatient
			Radiological/ Imaging	Newborn/ WellBaby	Ш	Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtu	ım [Dietetic	Nuclear Medicine		Support Services
	Intermediate Care		Administration			
X	Skilled Nursin	ng				

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	01	Building Na	me: Main Hospital				
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building	g			
Type of Service	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	'ediatric/Adol scent		Clinical Lab		Recovery		
	Psychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Dbstetrical Inte/Postprtum	X	Pharmaceutical		Emanage		Central Plant
	ntermediate	X	Dietetic	Ш	Emergency		Central Plant
	care	X	Administration		Nuclear Medicine	X	Support Services
	skilled Nursing		, an instruction				

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	r: 02	Building Na	me: East Wing			
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 build	ling		
Type of Serv	ice Provided					
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic		Linergency	Ochtiai Flant
_	Care		Administration		Nuclear Medicine	Support Services
	Skilled Nursing		Auministration			

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: 03	Building Na	me: Utility Building/Ce	entral Pla	nt		
Configuration :	Retrofit Non-Confo	rming buildir	ng to SPC 5 and NPC 4	or NPC	5		
Type of Servi	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	r: 05	Building Na	me: West Wing				
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildi	ng			
Type of Serv	ice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic	_		_	23
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	06	Building Na	me: Main-North End				
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	ng			
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
l I	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1 1 -	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate		Dietetic		Linergency		Ocilliai Fiaili
	are				Nuclear Medicine	X	Support Services
Sk	killed Nursing		Administration				

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: 07	Building Na	me: Pavilion East & \	West			
Configuration .	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	ove from service by 2030		
Type of Servi	ice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic	_		_	ooa Idin
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	08	Building Na	me: Hoefflin Wing			
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Servic	e Provided					
N	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X In	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab		Recovery	
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
_	bstetrical nte/Postprtum		Pharmaceutical	abla	Emergency	Central Plant
	ntermediate		Dietetic	X	Emergency	Cential Fidili
	are			X	Nuclear Medicine	Support Services
S	killed Nursing		Administration			

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	08A	Building Nar	me: Electrical Equ	ipment Build	ing		
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1 1	ostetrical nte/Postprtum		Pharmaceutical		Emergency	$\overline{\mathbf{x}}$	Central Plant
Int	termediate		Dietetic	_	Lineigency		Contrar i lant
	are killed Nursing		Administration		Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	09	Building Nar	me: Surgical Wing					
Configuration :	Configuration Retrofit Conforming building to NPC 4 or NPC 5							
Type of Service Provided								
	lursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
lı	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis	
	ediatric/Adol scent		Clinical Lab		Recovery			
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
	Obstetrical ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	ntermediate Care		Dietetic				0	
	Skilled Nursing		Administration		Nuclear Medicine		Support Services	

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	10	Building Nar	me: Patient Tower				
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	ce Provided						
X 1	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X I	ntensiveCare		Anesthesia	X	Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
1,, 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic				
	Care Skilled Nursing	X	Administration		Nuclear Medicine		Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Num	Building Number: 08 Building Name: Hoefflin Wing								
Type of Serv	Type of Service Provided								
Nursing	g Inpatient Beds	0		Surgical	Obstetrical Cesarean/D	Deliv	Rehabilitation Therapy		
X Intensi	veCare Inpatient Beds	20		Anesthesia					
Pediatr escent	ic/Adol Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery		Renal Dialysis		
Psychia Nursing		0	X	Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery		
Obsteti Ante/Po	rical Inpatient ostprtum Beds	0		Pharmaceutical	X Emergency		Central Plant		
Interme Care	ediate Inpatient Beds	0		Dietetic	X Nuclear Medicine		Support Services		
Skilled	Nursing Inpatient Beds	0		Administration					
Total B Building	eds this	20							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 08/					
Type of Service Prov	<u>vided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi									
Тур	Type of Service Provided								
	Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	ng Number: 10						
Тур	e of Service Prov	<u>ided</u>					
X	Nursing	Inpatient Beds	144		Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	17		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	X Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
X	Obstetrical Ante/Postprtum	Inpatient Beds	24		Pharmaceutical	Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration		
	Total Beds this Building		185				

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Building Number:	08 Build	ing Name: Hoef	fflin Wing			
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 10 Bed	Inpatient 1809 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 10 Bed	Inpatient 2976 Days	Inpatient 0 Bed	Inpatient 0 Days	20	20	

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Building Number:	Build	ing Name: Elec	trical Equipment Building			
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	ment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	0	0	

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Building Number:	09 Build	ding Name: Surg	ical Wing				
Medical / Surgical (In	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa	tient 0		
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa	tient 0		
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpa	tient 0		
Intensive Care		Rehabilitation Center		Int. Care / development Disabled			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpa Bed Day	tient 0		
Coronary Care		Chemical Dependency		Building Per B	otal Beds this uilding Per ervice		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0		

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Building Number: 1	0 Build	ing Name: Patie	ent Tower			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 144 Bed	Inpatient 23649 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 24 Bed	Inpatient 5476 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 17 Bed	Inpatient 1500 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	185	209	